

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

**FAIR SHARE ACTION**

ADDRESS (number and street)

3845 Tennyson St #150

☐ Check if different than previously reported. (ACC)

DENVER

CO

80212

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00526673

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)**4. TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☒

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

CO

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer GRACE M SMALL

Signature of Treasurer

GRACE M SMALL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

FAIR SHARE ACTION

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">1812484.44</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">368060.31</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">615000.00</span>	<span style="border: 1px solid black; padding: 2px;">1751004.92</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">983060.31</span>	<span style="border: 1px solid black; padding: 2px;">3563489.36</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">369980.83</span>	<span style="border: 1px solid black; padding: 2px;">2950409.88</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">613079.48</span>	<span style="border: 1px solid black; padding: 2px;">613079.48</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">1330.19</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**FAIR SHARE ACTION**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
10	/	15	/	2014

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

0.00

500000.00

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

0.00

500000.00

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

615000.00

1250779.75

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ..... ▶

615000.00

1750779.75

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

225.17

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

615000.00

1751004.92

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ..... ▶

615000.00

1751004.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	174.95	50641.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	174.95	50641.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	507467.08
24. Independent Expenditures (use Schedule E) .....	119805.88	1570813.95
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	250000.00	821487.20
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	369980.83	2950409.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	369980.83	2950409.88

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	615000.00	1750779.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	615000.00	1750779.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	174.95	50641.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	225.17
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	174.95	50416.48

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FAIR SHARE ACTION**

Full Name (Last, First, Middle Initial)

## **A. ENVIRONMENTAL DEFENSE ACTION FUND**

Mailing Address 1875 CONNECTICUT AVE NW STE 600

City State Zip Code  
WASHINGTON DC 20009

FEC ID number of contributing  
federal political committee.

**C** C30000954

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

68854.00

Date of Receipt

**10** / **09** / **2014**

**Transaction ID : SA11C.5123**

Amount of Each Receipt this Period

68854.00

Contribution

Full Name (Last, First, Middle Initial)

## **B. HOUSE MAJORITY PAC**

Mailing Address 700 13TH STREET NW SUITE 600

City State Zip Code  
WASHINGTON DC 20005

FEC ID number of contributing  
federal political committee.

**C** C00495028

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

56925.75

Date of Receipt

**10** / **06** / **2014**

**Transaction ID : SA11C.5120**

Amount of Each Receipt this Period

46146.00

Contribution

Full Name (Last, First, Middle Initial)

## **C. NEXTGEN CLIMATE ACTION COMMITTEE**

Mailing Address 555 CAPITOL MALL, SUITE 1425

City State Zip Code  
SACRAMENTO CA 95814

FEC ID number of contributing  
federal political committee.

**C** C00547349

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500000.00

Date of Receipt

**10** / **14** / **2014**

**Transaction ID : SA11C.5125**

Amount of Each Receipt this Period

500000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

615000.00

615000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 OF 16

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FAIR SHARE ACTION**

Full Name (Last, First, Middle Initial)

**A. EASTERN BANK**

Mailing Address PO BOX 391

City LYNN                      State MA                      Zip Code 01903

Purpose of Disbursement  
Bank wire fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      02                      2014
**Transaction ID : SB21B.5107**

Amount of Each Disbursement this Period

33.00

Full Name (Last, First, Middle Initial)

**B. EASTERN BANK**

Mailing Address PO BOX 391

City LYNN                      State MA                      Zip Code 01903

Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      06                      2014
**Transaction ID : SB21B.5109**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**C. EASTERN BANK**

Mailing Address PO BOX 391

City LYNN                      State MA                      Zip Code 01903

Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      07                      2014
**Transaction ID : SB21B.5110**

Amount of Each Disbursement this Period

33.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

78.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 16

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FAIR SHARE ACTION**

Full Name (Last, First, Middle Initial)

**A. EASTERN BANK**

Mailing Address PO BOX 391

City LYNN                      State MA                      Zip Code 01903

Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      09                      2014
**Transaction ID : SB21B.5111**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**B. EASTERN BANK**

Mailing Address PO BOX 391

City LYNN                      State MA                      Zip Code 01903

Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      14                      2014
**Transaction ID : SB21B.5117**

Amount of Each Disbursement this Period

12.00

Full Name (Last, First, Middle Initial)

**C. EASTERN BANK**

Mailing Address PO BOX 391

City LYNN                      State MA                      Zip Code 01903

Purpose of Disbursement  
Bank fees

001

Candidate Name

Category/  
Type
Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:                      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10                      14                      2014
**Transaction ID : SB21B.5140**

Amount of Each Disbursement this Period

33.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

57.00



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 16

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FAIR SHARE ACTION**

Full Name (Last, First, Middle Initial)

**A. SEAN GARREN**

Mailing Address 218 D STREET SE, STE 205

City

WASHINGTON

State

DC

Zip Code

20003

Purpose of Disbursement

Reimbursement for web hosting fees

001

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : SB21B.5141**

Amount of Each Disbursement this Period

39.95

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

39.95

174.95

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**FAIR SHARE ACTION**

Full Name (Last, First, Middle Initial)

**A. Making Colorado Great**

Mailing Address PO Box 370453

City	State	Zip Code
Denver	CO	80237

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		02		2014

**Transaction ID : SB29.5106**

Amount of Each Disbursement this Period

250000.00
-----------

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

250000.00
-----------

250000.00
-----------

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 11 OF 16

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10
NAME OF COMMITTEE (In Full)  
**FAIR SHARE ACTION**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Gumbinner Davies and Simpson Communications**

Nature of Debt (Purpose):

Shipping campaign materials

Mailing Address 2001 S. St. NW  
Ste 301City State Zip Code  
Washington, D.C. DC 20009

Outstanding Balance Beginning This Period

720.00

Transaction ID : SD10.5055

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

720.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Anusha Narayanan**

Nature of Debt (Purpose):

Reimbursement for printing campaign materials

Mailing Address 37593 Summer Holly Common

City State Zip Code  
Fremont CA 94536

Outstanding Balance Beginning This Period

610.19

Transaction ID : SD10.5082

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

610.19

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

1330.19

2) **TOTALS** This Period (last page this line number only)..... ►

1330.19

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

1330.19

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 12 OF 16  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00526673</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Ms Mackenzie Clark</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 13 / 2014</div>		
Mailing Address 161 Border St. #2			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2206.21</div>		
City Boston		State MA	Zip Code 02128		<b>Transaction ID : SE.5059</b>
Purpose of Expenditure Reimbursement for printing campaign materials		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 14 / 2014</div>	
Name of Federal Candidate Mark E Udall			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1475180.65</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>FAIR SHARE, Inc.</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>		
Mailing Address 218 D Street SE, Suite 205			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1130.93</div>		
City Washington		State DC	Zip Code 20003		<b>Transaction ID : SE.5126</b>
Purpose of Expenditure Reimbursement for staff time		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">001</div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 15 / 2014</div>	
Name of Federal Candidate Gwen Graham			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">94963.98</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">3337.14</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  <div style="border-top: 1px solid black; width: 100%;"></div>			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 23 / 2014</div>		

GRACE M SMALL

[Electronically Filed]

Date

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 13 OF 16  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			M M M / D D D / Y Y Y Y Y Y	
Full Name of Payee <b>FAIR SHARE, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 15 / 2014</b>		
Mailing Address <b>218 D Street SE, Suite 205</b>		Amount <b>34.49</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>SE.5127</b>	
Purpose of Expenditure Reimbursement for staff time		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 15 / 2014</b>	
Name of Federal Candidate <b>Mark E Udall</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>1475825.33</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>FAIR SHARE, Inc.</b>		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>10 / 15 / 2014</b>		
Mailing Address <b>218 D Street SE, Suite 205</b>		Amount <b>24.64</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20003</b>	Transaction ID : <b>SE.5132</b>	
Purpose of Expenditure Reimbursement for staff time		Category/ Type <b>001</b>	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y <b>10 / 15 / 2014</b>	
Name of Federal Candidate <b>ALISON LUNDERGAN GRIMES</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>KY</b>	
Calendar Year-To-Date Per Election for Office Sought		<b>24.64</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) SUBTOTAL of Itemized Independent Expenditures.....		<b>59.13</b>		
(b) SUBTOTAL of Unitemized Independent Expenditures .....				
(c) TOTAL Independent Expenditures.....				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
GRACE M SMALL		[Electronically Filed]		Date
Signature		M M M / D D D / Y Y Y Y Y Y <b>10 / 23 / 2014</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 14 OF 16  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00526673	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Go Union Printing</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 10 / 09 / 2014	
Mailing Address 5018 Tampa West Blvd.			Amount <span style="border:1px solid black; padding:2px;">558.83</span>	
City Tampa	State FL	Zip Code 33634	Transaction ID : <b>SE.5042</b>	
Purpose of Expenditure Printing and shipping campaign materials		Category/ Type <span style="border:1px solid black; padding:2px;">006</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 10 / 14 / 2014	
Name of Federal Candidate Gwen Graham		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">91292.46</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
Full Name of Payee <b>Go Union Printing</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 10 / 10 / 2014	
Mailing Address 5018 Tampa West Blvd.			Amount <span style="border:1px solid black; padding:2px;">2540.59</span>	
City Tampa	State FL	Zip Code 33634	Transaction ID : <b>SE.5046</b>	
Purpose of Expenditure Printing and shipping campaign materials		Category/ Type <span style="border:1px solid black; padding:2px;">006</span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 10 / 14 / 2014	
Name of Federal Candidate Gwen Graham		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <u>02</u> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <u>FL</u>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">93833.05</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">3099.42</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
GRACE M SMALL		[Electronically Filed]	Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 10 / 23 / 2014	
Signature				

Full Name of Payee <b>PCI Consultants</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 07 / 2014	
Mailing Address 26500 West Agoura Road Suite 102-146		Amount 67950.00	
City Calabasas	State CA	Zip Code 91302	Transaction ID : <b>SE.5032</b>
Purpose of Expenditure Door to door canvass	Category/ Type	003	Date of Disbursement or Obligation MM / DD / YYYY 10 / 07 / 2014
Name of Federal Candidate Gwen Graham	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	District: <u>02</u> State: <u>FL</u>
Calendar Year-To-Date Per Election for Office Sought	68083.63		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	68560.19
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	
(c) <b>TOTAL</b> Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 16 OF 16  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>FAIR SHARE ACTION</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00526673		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>PCI Consultants</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 10 / 07 / 2014		
Mailing Address 26500 West Agoura Road Suite 102-146			Amount <span style="border: 1px solid black; padding: 2px;">22650.00</span>		
City Calabasas	State CA	Zip Code 91302	Transaction ID : SE.5033		
Purpose of Expenditure Door to door canvass		Category/ Type <span style="border: 1px solid black; padding: 2px;">003</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 10 / 07 / 2014		
Name of Federal Candidate Steve Southerland		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 02 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: FL		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">90733.63</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Strategy Group, Inc.</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 10 / 09 / 2014		
Mailing Address 1603 Orrington Ave. Suite 31730			Amount <span style="border: 1px solid black; padding: 2px;">22100.00</span>		
City Evanston	State IL	Zip Code 60201	Transaction ID : SE.5038		
Purpose of Expenditure Printing and shipping campaign materials		Category/ Type <span style="border: 1px solid black; padding: 2px;">006</span>	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 10 / 09 / 2014		
Name of Federal Candidate Mark E Udall		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: CO		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">1472974.44</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">44750.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">119805.88</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
GRACE M SMALL		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> 10 / 23 / 2014	
Signature					